



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
<input type="checkbox"/>	No Plans Required	_____	_____	Type:	Failure	Failure	Approval
<input type="checkbox"/>	All	_____	_____	Footing	_____	_____	_____
<input type="checkbox"/>	Footings/Foundations	_____	_____	Footing Bonding	_____	_____	_____
<input type="checkbox"/>	Structural/Framework	_____	_____	Foundation	_____	_____	_____
<input type="checkbox"/>	Exterior	_____	_____	Slab	_____	_____	_____
<input type="checkbox"/>	Interior	_____	_____	Frame	_____	_____	_____
Joint Plan Review Required:				Truss Sys./Bracing	_____	_____	_____
<input type="checkbox"/>	Elec.	<input type="checkbox"/>	Plumb.	Barrier-Free	_____	_____	_____
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Elevator	Insulation	_____	_____	_____
SUBCODE APPROVAL for PERMIT				Finishes -Base Layer	_____	_____	_____
Date: _____				Finishes -Final	_____	_____	_____
Approved by: _____				Energy	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE				Mechanical	_____	_____	_____
<input type="checkbox"/>	CO	<input type="checkbox"/>	CCO	TCO	_____	_____	_____
<input type="checkbox"/>	CA			Other	_____	_____	_____
Date: _____				Final	_____	_____	_____
Approved by: _____				Barrier-Free	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building:

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

1. New Bldg. \$ _____
2. Rehabilitation \$ _____
3. Total (1+ 2) \$ _____ 0

U.C.C. F110 (rev. 11/09)
Internet version

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.